

## Mood Disorders in ICD-11

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### MOOD DISORDERS IN ICD-11

Clinical reality presents us with a series of continua in the area of mood disorders: those between 'normal' sadness and depression, between 'normal' elation and hypomania, between a 'pure' depressive episode and a 'pure' manic episode, between unipolar depression and bipolar disorder, between anxiety disorders and depression, and between mood disorders and psychotic disorders. Most of our classificatory efforts and controversies in this area center around how to deal with these continua, where to fix boundaries and how to delineate intermediate or mixed conditions. In this presentation, I briefly review the expected convergences and divergences between the ICD-11 and the DSM-5 in handling these continua, and the research evidence supporting the proposals made for the ICD-11. Among the convergences are the inclusion of activation/increased energy as a defining symptom for hypomania/mania, and the acknowledgement that a manic/hypomanic syndrome emerging during antidepressant treatment, and persisting beyond the physiological effect of that treatment, qualifies for the diagnosis of manic/hypomanic episode. Furthermore, bipolar II disorder will be recognized as a distinct diagnostic entity in the ICD-11, as in the DSM-5, while in ICD-10 it is just mentioned among 'other bipolar affective disorders'. Finally, the ICD-11, as the DSM-5, will allow the clinician to record the occurrence of prominent anxiety symptoms in a patient with a major depressive episode, by using a specifier. Expected divergences between the ICD-11 and the DSM-5 will include a different characterization of mixed states and schizoaffective disorders. Furthermore, the ICD-11 is going to exclude from the diagnosis of depressive episode, in line with the ICD-10 but differently from the DSM-5, bereavement reactions appropriate to the individual's cultural and religious background.